

PERMITTEE NAME/ADDRESS
NAME
ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised:

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001 A

PERMITTED FEATURE

MONITORING PERIOD

MO DAY YEAR

MO DAY YEAR

FACILITY
LOCATION
ATTN:

FROM 02/01/08

TO 02/29/08

*** Mark box if NO DISCHARGE

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NOTE: Read instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				
Oxygen, dissolved (DO)	PERMIT MEASUREMENT	*****	*****			*****	*****	mg/L			
00300 1 2 0	PERMIT REQUIREMENT				5					Five Per Week	GRAB-2
Effluent Gross	SAMPLE MEASUREMENT	*****	*****		DAILY MN	*****		SU			
pH	PERMIT REQUIREMENT										
00400 1 0 0	PERMIT REQUIREMENT				6		9			Five Per Week	GRAB
Effluent Gross	SAMPLE MEASUREMENT				MINIMUM		MAXIMUM				
Solids, total suspended	PERMIT REQUIREMENT				*****			mg/L			
00530 1 2 0	PERMIT REQUIREMENT	19.5	29.3			30	45			Twice Every Week	COMP24
Effluent Gross	SAMPLE MEASUREMENT					MO AVG	MX WK AV				
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	1.2	1.9		*****	1.9	2.9	mg/L		Twice Every Week	COMP24
00610 1 2 0	PERMIT REQUIREMENT					MO AVG	MX WK AV				
Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT									Five Per Week	TOTALZ
50050 1 0 0	PERMIT REQUIREMENT	Report	Report								
Effluent Gross	SAMPLE MEASUREMENT										
BOD, carbonaceous, 05 day, 20 C	PERMIT REQUIREMENT	16.3	26		*****	25	40	mg/L		Twice Every Week	COMP24
80082 1 2 0	PERMIT REQUIREMENT	MO AVG	MX WK AV			MO AVG	MX WK AV				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
Flow, total	PERMIT REQUIREMENT									Monthly	RCOTOT
82220 1 0 0	PERMIT REQUIREMENT		Report								
Effluent Gross	SAMPLE MEASUREMENT										

I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

TYPED OR PRINTED

SIGNATURE

AREA CODE AND NO.

MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)